

Case Number:	CM15-0202953		
Date Assigned:	10/19/2015	Date of Injury:	01/28/2014
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 61 year old male who reported an industrial injury on 1-28-2014. His diagnoses, and or impressions, were noted to include: lumbar strain; and a history of right wrist, shoulder and knee surgeries. X-rays of the lumbar spine were said to have been taken noting Lumbosacral facet sclerosis and disc space loss; no imaging studies were noted. His treatments were noted to include: a home exercise program; medication management; activity modifications; and modified work duties. The progress notes of 9-14-2015 reported: chronic low back pain syndrome, associated with lower extremity numbing pains, worse when sitting. The objective findings were noted to include: no acute distress; tenderness over the lumbosacral junction with limited range-of-motion in forward bending, positive Dural stretch test, and diminished sensation in stocking distribution; a review of the lumbar x-rays; and stabbing, aching and numbing sensations which have debilitated him affecting his ability to work, sit and stand. The physician's requests for treatment were noted to include that he would benefit from advanced imaging studies. The Request for Authorization, dated 9-21-2015, was noted to include lumbar magnetic resonance imaging, x 1, for lumbar radiculopathy, lumbar degenerative disc disease, and signs-symptoms of stenosis. The Utilization Review of 10-2-2015 non-certified the request for magnetic resonance imaging of the lumbar spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Guidelines state lumbar spine MRI if there is evidence of specific nerve compromise on neurologic examination in patients who do not respond to treatment and who would consider surgery an option. If the neurologic exam is less clear, further physiologic evidence of nerve dysfunction should be obtained before MRI and after 3 months of conservative treatments have failed. In this case, there is no evidence of nerve dysfunction and no evidence that conservative treatment modalities have been tried and failed. The request is not medically necessary.